

Application Form Committees and Boards

Thank you for your interest in volunteering for the City of Maricopa. With this application, please attach an up-to-date **resume** and **cover letter** about yourself. Please fill out the following form and return it to the City Clerk by one of the following means:

Email - Fax - Questions

Email: vbueras@cityofmaricopa.net Fax: 520-568-9120 Questions?: 520-568-9098

By Mail

City Clerk City of Maricopa P.O. Box 610 Maricopa, AZ 85239

In Person

City Clerk City of Maricopa 44624 West Garvey Avenue Maricopa, AZ 85239

Contact Information							
Name:							
Address:							
City, State, Zip:							
Email:							
Home Phone:		Work Phone:	Cell Phone:				
General Information							
What Committee Are Applying For?	You						
Briefly Tell Us About Your Experience AND Education							
Briefly Tell Us Why \ Want To Serve On T Committee	You his						



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When Are You Available For Meetings?						
Are You A Registered Voter?	Yes	No	Do You Live Within The City's Incorporated Limits?		Yes	No
Have You Served On Any Boards, Commissions, Committees, or Task Forces In the Past? If So, Please List.						
Sig	nature of Appli	cant:			Dá	ate:
					FICE USE ON on Received	